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B22C (Official Form 22C) (Chapter 13) (12/10)

In re	Shahin Mohammad Reza	According to the calculations required by this statement:
	Debtor(s)	■ The applicable commitment period is 3 years.
Case N	umber:	☐ The applicable commitment period is 5 years.
	(If known)	☐ Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Pa	rt I.	REPORT OF IN	COM	E			
	Marital/filir	g status. Check the box that applies a	and c	omplete the balance	e of t	his part of this stat	emen	t as directed.	
1	a. ■ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.								
	b. \square Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.								
	All figures n	ust reflect average monthly income re	eceiv	ed from all sources	, der	ved during the six		Column A	Column B
		ths prior to filing the bankruptcy case the amount of monthly income varied						Debtor's	Spouse's
		tal by six, and enter the result on the			you	must divide the		Income	Income
2	Gross wages	s, salary, tips, bonuses, overtime, co	mmis	ssions.			\$	0.00	\$
	Income from	the operation of a business, profes	sion,	or farm. Subtrac	Line	b from Line a and			
	enter the diff	erence in the appropriate column(s) of	f Lin	e 3. If you operate	more	than one business	,		
		farm, enter aggregate numbers and p							
3	number less a deduction	than zero. Do not include any part of	of the	e business expense	s ent	ered on Line b as			
3	a deduction	ın Fart IV.		Debtor		Spouse	1		
	a. Gross	receipts	\$	0.00	\$	Spouse			
		ary and necessary business expenses	\$	0.00					
	c. Busin	ess income	Sul	btract Line b from	Line	a	\$	0.00	\$
	Rents and o	ther real property income. Subtract	Line	b from Line a and	ente	the difference in			
		te column(s) of Line 4. Do not enter							
4	part of the o	perating expenses entered on Line	as a		t IV.		1		
4	Grass	receipts	\$	Debtor 0.00	¢	Spouse			
		ary and necessary operating expenses		0.00					
		and other real property income		btract Line b from		a	\$	0.00	\$
5	Interest, div	idends, and royalties.					\$	0.00	\$
6	Pension and	retirement income.					\$	0.00	\$
		s paid by another person or entity,							
7		the debtor or the debtor's dependen							
7		not include alimony or separate mai							
		se. Each regular payment should be r imn A, do not report that payment in			ımn;	if a payment is	\$	0.00	\$
	+	ent compensation. Enter the amount			nn(s)	of Line 8.	Ť	- 100	•
		you contend that unemployment comp							
8	benefit under the Social Security Act, do not list the amount of such compensation in Column A								
o	or B, but instead state the amount in the space below:								
	11						H		
		ent compensation claimed to under the Social Security Act Debto	ф	0.00 Sp		Φ.		0.00	

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			
	Debtor Spouse]		
	a.		00 \$	
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).)	00 \$	
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$		0.00
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT	PERIOD		
12	Enter the amount from Line 11		\$	0.00
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a rethe household expenses of you or your dependents and specify, in the lines below, the basis for exincome (such as payment of the spouse's tax liability or the spouse's support of persons other than debtor's dependents) and the amount of income devoted to each purpose. If necessary, list addition a separate page. If the conditions for entering this adjustment do not apply, enter zero. a.	e of your spouse, egular basis for coluding this the debtor or the	\$	0.00
14	Subtract Line 13 from Line 12 and enter the result.		\$	
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the enter the result.	e number 12 and	\$	0.00
16	Applicable median family income. Enter the median family income for applicable state and hous information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy a. Enter debtor's state of residence: UT b. Enter debtor's household size:		\$	49,697.00
	Application of § 1325(b)(4). Check the applicable box and proceed as directed. The amount on Line 15 is less than the amount on Line 16. Check the box for "The application of the application of the amount of the amount of the amount of the amount of the application of the amount o	hle commitment n	eriod is	3 years" at the
17	top of page 1 of this statement and continue with this statement. The amount on Line 15 is not less than the amount on Line 16. Check the box for "The apparance at the top of page 1 of this statement and continue with this statement.	_		-
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSAL	BLE INCOME	1	
18	Enter the amount from Line 11.		\$	0.00
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line any income listed in Line 10, Column B that was NOT paid on a regular basis for the household debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column I payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the dependents) and the amount of income devoted to each purpose. If necessary, list additional adjust separate page. If the conditions for entering this adjustment do not apply, enter zero. a.	expenses of the B income(such as e debtor's		
	Total and enter on Line 19.		\$	0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.		\$	0.00

22	1				oly the amount from Line 2	To by the number 12 and	\$	0.00
	Applic	able median family incom	e. Enter the amount from	m Lin	e 16.		\$	49,697.00
23	☐ The	ation of § 1325(b)(3). Che amount on Line 21 is mo 25(b)(3)" at the top of page	re than the amount on	Line	22. Check the box for "D		ined ur	nder §
		e amount on Line 21 is not 25(b)(3)" at the top of page						
		Part IV. Ca	ALCULATION (OF I	DEDUCTIONS FR	OM INCOME		
		Subpart A: D	eductions under Star	ndar	ds of the Internal Revo	enue Service (IRS)		
24A	Enter is applicated bankru	al Standards: food, appar n Line 24A the "Total" amouble number of persons. (T ptcy court.) The applicable r federal income tax return.	ount from IRS National his information is availa number of persons is the	Standable at nur	ards for Allowable Living www.usdoj.gov/ust/ or fraber that would currently	Expenses for the om the clerk of the be allowed as exemptions	\$	
24B	Out-of- Out-of- www.u who ar older. (be allo you sup Line c1	al Standards: health care for per-Pocket Health Care for grant for gran	rsons under 65 years of age or lerk of the bankruptcy cd enter in Line b2 the appersons in each age cate federal income tax retu Line b1 to obtain a total amount of the second of the s	age, a older ourt.) oplica egory: ern, pl al amo	nd in Line a2 the IRS Nat (This information is avai Enter in Line b1 the appli- ble number of persons what the number in that category us the number of any addi- punt for persons under 65, or persons 65 and older, a	ional Standards for lable at cable number of persons o are 65 years of age or ory that would currently tional dependents whom and enter the result in nd enter the result in Line		
	Person	ns under 65 years of age		Persons 65 years of age or older				
	a1.	Allowance per person		a2.	Allowance per person			
	b1.	Number of persons		b2.	Number of persons			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Utilitie availab the nur	Standards: housing and uses Standards; non-mortgage ole at www.usdoj.gov/ust/onber that would currently builditional dependents whom	expenses for the applic r from the clerk of the be e allowed as exemption	able c ankru	ounty and family size. (T ptcy court). The applicable	his information is e family size consists of	\$	
25B	Housing availabilithe nurse any addebts sonot ent	Standards: housing and use and Utilities Standards; and Utilities Standards; as the standard of the standard o	mortgage/rent expense for from the clerk of the bee allowed as exemption you support); enter on Lated in Line 47; subtractoro.	or you bankrus on y Line b t Line	or county and family size (ptcy court) (the applicable our federal income tax refethe total of the Average N b from Line a and enter the	this information is e family size consists of urn, plus the number of Ionthly Payments for any		
	b.							
		Net mortgage/rental expen			Subtract Line b f	rom Line a.	\$	
26	25B do Standa	Standards: housing and uses not accurately computereds, enter any additional antion in the space below:	the allowance to which	you a	re entitled under the IRS I	Housing and Utilities	\$	

	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense.	expenses of operating a vehicle and			
27A	included as a contribution to your household expenses in Line 7. \square 0	1 2 or more.			
	If you checked 0, enter on Line 27A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/6	e "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$		
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr Standards: Transportation. (This amount is available at www.usdoj.gc.court.)	you are entitled to an additional deduction for ransportation" amount from the IRS Local	\$		
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) \square 1 \square 2 or more.	ship/lease expense for more than two			
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Little result in Line 28. Do not enter an amount less than zero.	court); enter in Line b the total of the Average			
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$			
	b. 1, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$		
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions for employment are required for your employment, such as mandatory uniform costs.	retirement contributions, union dues, and	\$		
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$		
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$		
34	Other Necessary Expenses: education for employment or for a phythetotal average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged depoproviding similar services is available.	ion that is a condition of employment and for	\$		
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$		
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	onthly amount that you actually expend on our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$		

37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$
	Subpart B: Additional Living Expense Deductions	•
	Note: Do not include any expenses that you have listed in Lines 24-37	
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.	
39	a. Health Insurance \$	
	b. Disability Insurance \$	
	c. Health Savings Account \$	
	Total and enter on Line 39	\$
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$	
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$

		Subpart C: Deductions for	Debt Payment		
47	own, list the name of creditor, check whether the payment inc scheduled as contractually due	claims. For each of your debts that is sected identify the property securing the debt, stalludes taxes or insurance. The Average Moto each Secured Creditor in the 60 monthery, list additional entries on a separate page.	ate the Average Month onthly Payment is the as following the filing of	lly Payment, and total of all amounts of the bankruptcy	
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance	
	a.		\$ Total: Add Line	□yes □no	\$
48	motor vehicle, or other propert your deduction 1/60th of any a payments listed in Line 47, in o sums in default that must be pa the following chart. If necessar	laims. If any of debts listed in Line 47 ary necessary for your support or the support on the support on the "cure amount") that you must order to maintain possession of the proper id in order to avoid repossession or forecy, list additional entries on a separate pag	e secured by your prin rt of your dependents, pay the creditor in add ty. The cure amount w losure. List and total a e.	nary residence, a you may include in lition to the rould include any ny such amounts in	
	Name of Creditor a.	Property Securing the Debt	1/60th o	f the Cure Amount	
	a.		ý.	Total: Add Lines	\$
49	priority tax, child support and	rity claims. Enter the total amount, dividulimony claims, for which you were liable as, such as those set out in Line 33.			\$
	Chapter 13 administrative ex resulting administrative expens	penses. Multiply the amount in Line a by e.	the amount in Line b,	and enter the	
50	b. Current multiplier for issued by the Executiv information is availabl the bankruptcy court.)	thly Chapter 13 plan payment. your district as determined under schedule e Office for United States Trustees. (This e at www.usdoj.gov/ust/ or from the clerk nistrative expense of chapter 13 case		Lines a and b	\$
51	Total Deductions for Debt Pa	yment. Enter the total of Lines 47 through	gh 50.		\$
		Subpart D: Total Deduction	s from Income		
52	Total of all deductions from i	ncome. Enter the total of Lines 38, 46, and	nd 51.		\$
	Part V. DETE	RMINATION OF DISPOSABL	E INCOME UNI	DER § 1325(b)(2))
53	Total current monthly income	e. Enter the amount from Line 20.			\$
54	payments for a dependent child	onthly average of any child support payment, reported in Part I, that you received in accessary to be expended for such child.	ents, foster care payments coordance with application	ents, or disability able nonbankruptcy	\$
55	Qualified retirement deduction wages as contributions for qual loans from retirement plans, as	ons. Enter the monthly total of (a) all amore ified retirement plans, as specified in § 50 specified in § 362(b)(19).	ounts withheld by your 41(b)(7) and (b) all rec	employer from quired repayments of	\$
56	Total of all deductions allowe	d under § 707(b)(2). Enter the amount f	rom Line 52.		\$

57	of the special circumstances that make such exp		
31	Nature of special circumstances	Amount of Expense	
	a. b.	\$	
	c.	\$	
	C.	Total: Add Lines \$	
58	Total adjustments to determine disposable incorresult.	ne. Add the amounts on Lines 54, 55, 56, and 57 and enter the	
59	Monthly Disposable Income Under § 1325(b)(2)	Subtract Line 58 from Line 53 and enter the result. \$	
	Part VI, AD	DITIONAL EXPENSE CLAIMS	
	Other Expenses. List and describe any monthly e	penses, not otherwise stated in this form, that are required for the health and welfare	
	of you and your family and that you contend shou	d be an additional deduction from your current monthly income under § surces on a separate page. All figures should reflect your average monthly expense for	
60	of you and your family and that you contend shou 707(b)(2)(A)(ii)(I). If necessary, list additional so	be an additional deduction from your current monthly income under §	
60	of you and your family and that you contend shou 707(b)(2)(A)(ii)(I). If necessary, list additional so each item. Total the expenses. Expense Description a.	be an additional deduction from your current monthly income under § surces on a separate page. All figures should reflect your average monthly expense for Monthly Amount \$	
60	of you and your family and that you contend shou 707(b)(2)(A)(ii)(I). If necessary, list additional so each item. Total the expenses. Expense Description a. b.	be an additional deduction from your current monthly income under § surces on a separate page. All figures should reflect your average monthly expense for Monthly Amount \$ \$ \$ \$	
60	of you and your family and that you contend shou 707(b)(2)(A)(ii)(I). If necessary, list additional so each item. Total the expenses. Expense Description a. b. c.	be an additional deduction from your current monthly income under § surces on a separate page. All figures should reflect your average monthly expense for Monthly Amount \$ \$ \$ \$ \$ \$	
60	of you and your family and that you contend shou 707(b)(2)(A)(ii)(I). If necessary, list additional so each item. Total the expenses. Expense Description a. b. c. d.	be an additional deduction from your current monthly income under § surces on a separate page. All figures should reflect your average monthly expense for Monthly Amount	
60	of you and your family and that you contend shou 707(b)(2)(A)(ii)(I). If necessary, list additional so each item. Total the expenses. Expense Description a. b. c. d. Total the expenses Total the expenses	be an additional deduction from your current monthly income under \$\frac{1}{2}\$ arces on a separate page. All figures should reflect your average monthly expense for the separate page. Monthly Amount \$\frac{1}{2}\$ \$\frac{1}{2}	
60	of you and your family and that you contend shou 707(b)(2)(A)(ii)(I). If necessary, list additional so each item. Total the expenses. Expense Description a. b. c. d. Total the expenses Total the expenses	Monthly Amount Monthly Amount	r
	of you and your family and that you contend shou 707(b)(2)(A)(ii)(I). If necessary, list additional so each item. Total the expenses. Expense Description a. b. c. d. Total the expenses I declare under penalty of perjury that the information in the information is sign.)	Monthly Amount S S S S S S S S S	or
60	of you and your family and that you contend shou 707(b)(2)(A)(ii)(I). If necessary, list additional so each item. Total the expenses. Expense Description a. b. c. d. Total the expenses I declare under penalty of perjury that the information	Monthly Amount Monthly Amount	r

B22C (Official Form 22C) (Chapter 13) (12/10)

8

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2012 to 06/30/2012.

Non-CMI - Social Security Act Income Source of Income: food stamps Constant income of \$176.00 per month.

Non-CMI - Social Security Act Income Source of Income: social security Constant income of \$460.00 per month.